

# Nursing VOICE

## Humor - A Serious Matter

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## Grimace 'Saves' Patient

Why did I take the chance? I could have looked like a real fool!

Bill was a 68-year-old man who, two weeks earlier, had had surgery to repair an abdominal aortic aneurysm. He had unfortunately experienced just about every post-operative complication one could imagine. He was on a respirator and, although we knew he was "in there," Bill hadn't responded to anyone since his surgery.

Bill wasn't my patient that day, although I would frequently make rounds to visit the patients on the unit. I consider this an advantage of being an associate head nurse.

Could it have been the eye contact? Perhaps it was the bit of a glint I thought I saw in his eye. Anyway, after greeting him and shaking his limp hand, I left two fingers in that relaxed palm and said "Give me a squeeze, Bill!"

There was no response. His eyes had clamped shut after my initial greeting.

Undaunted, I proceeded to act as if the "Incredible Hulk" had just clamped a vice grip on me. Grimacing and writhing in make believe pain, I sank down against the side rail. In a moment, Bill's eyes opened wide, somewhat amazed and bewildered. In the next moment, I felt a tightening around my fingers. Bill connected with me!

The next day during visiting hours I saw Bill's family just sitting around the bedside as had become their routine.

Bill laid there without any response. I mentioned to them what had transpired the preceding day. Their facial expressions ranged from surprise to disbelief.

After greeting Bill again with a handshake, I asked him to "take it easy on me today." Immediately Bill's eyes widened. He really did clamp on to my two fingers, and even a tiny grin appeared on his face! Glad smiles appeared on all the faces in that room that day, for that marked the day that

Bill really started trying to help us get him well again. It wasn't long after that milestone that Bill was out of Intensive Care and well on his way to recovery!

Those of you who have found humor to be an invaluable tool in your survival kit can bring a whole host of anecdotes and stories to mind. Those of you who find humor and patient care mutually exclusive are missing out on a wonderful capacity that could enhance not only your professional life, but your personal life as well.

(please turn to page 6)

*To laugh often and much,  
to win the respect of intelligent people  
And the affection of children,  
To earn the appreciation of honest critics  
And endure the betrayal of false friends,  
To appreciate beauty,  
To find the best in others,  
To leave the world a bit better,  
Whether by a healthy child, a garden patch,  
Or a redeemed social condition,  
To know that even one life has breathed  
Better because you have lived,  
This is to have succeeded.*

— Ralph Waldo Emerson



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# Speaking Out

## Vitamin 'L' (Laughter)

Intuitively most of us feel that humor (joyfulness, playfulness, good spirits) is a positive, beneficial and healthy state for human beings to experience.

Norman Cousins in his book, *Anatomy of an Illness*, extols the virtues of laughter in the healing process. He experienced a decrease in pain during his illness when he used laughter for therapy.

Whether or not there was any direct relationship between Cousins' "cure" and the humor therapy, there is increasing evidence that humor and laughter play a significant role in the physiology of the body. Several centers are developing research to look at this relationship scientifically. There is much work to be done. The present "hard data" is sketchy, but suggest that human health is positively influenced by mirth and laughter.

There is a parallel in the physiologic effects of laughter and exercise. Laughter has been referred to as a mini-workout. The physiologic effects of exercise have been shown to be associated with a wide variety of health benefits including a healthier cardiovascular system, a more active immune system and a heightened sense of well being. The physiologic responses to laughter mimic those of exercise and it is presumed that the positive health benefits of regular laughter would also be similar to those of exercise which is integrated into one's life.

Laughter is essentially a respiratory act, composed of the same basic elements as normal cyclic breathing, namely, expiration and inspiration of air and an abundance of pauses, with varying degrees of expiratory predominance. However, it has not been demonstrated to alter gas exchange.

The heart rate and the blood pressure rise with laughter both being directly proportional to the intensity



*Joseph E. Vincent, M.D.*

and duration of the laughter. There is peripheral vasodilatation. Muscle activity and skin conductance are increased. With this circulatory stimulation there is an increase in the high density lipoproteins (HDLs), considered "good cholesterol" because increased levels are associated with lower incidence of coronary artery disease and atherosclerosis.

Following the laughter, the heart rate and blood pressure often decrease below the pre-laughter levels and there is profound muscle relaxation. There is usually an increased sense of physical, emotional and spiritual well being. Rage, fear and impulses of hostility are diffused by mirth and the stress associated with these emotions is blunted. In many instances, fear and anger are totally dissipated by a cultivated sense of humor.

There is mounting evidence that laughter and humor improve the function of the immune system. This is important not only in preventing and fighting infection, but also in preventing and controlling cancer. Natural killer cells are a subpopulation of lymphocytes that cause lysis of a variety of tumor cells. They may mediate natural resistance against tumors in the body. In animals and in man, stress has been shown to decrease the normal killer

cell functions while human experiments have demonstrated increased killer cell activity during and after humor and laughter. Plasma cortisol levels are decreased (these go up with stress) by humor and there is an increase in the spontaneous lymphocyte blastogenesis, suggesting that laughter associated with humor may act as an immunomodulator. This further implies that the immunosuppression caused by stress can be counteracted by humor and laughter.

Psychoneuropeptides, known as enkephalins and endorphins, are produced by the nervous system and also alter the immune responses of the body. Some of these peptides are increased by laughter. Beta endorphin enhance the natural killer cell activity significantly in human subjects in a controlled experiment. Neuropeptides have an opiate-like effect and may be an internal mechanism for pain control. Since these substances are increased by laughter and mirth, this may be the mechanism for pain amelioration as described by Cousins during his illness. Perhaps humor therapy could potentiate the other methods of pain control which we use post-operatively and in painful disease states.

There seems to be good physiologic evidence that humor and laughter are good for your health. There also is evidence that humor and laughter are good for interpersonal relationships and group functioning. A great deal of research needs to be done in these areas to test the hypothesis. It is an area that is ripe for research that many of us perhaps should consider.

*Joseph E. Vincent, M.D.  
Chief, Pulmonary Medicine  
TAH—LVHC*





# Jest For The Health Of It!

Patty Wooten, R.N., B.S.N., C.C.R.N., is a graduate of the University of California San Francisco Medical Center School of Nursing. She has 20 years of clinical experience including critical care, hospice, and cardiac rehabilitation. For the last five years, Patty has traveled throughout the United States as "Nancy Nurse" teaching fellow nurses the importance of developing and using our sense of humor to cope with the stress and tragedy we face as healthcare professionals.

Recently, Patty and I talked about her reasons for taking humor seriously. Sixteen years ago, during a tragic period in her personal life, she decided to attend clown school. This experience helped her free the child inside her and overcome her own depression. It released and renewed something vital within her. Patty says she began to entertain in nursing homes and felt the powerful energy contained in laughter.

Research at Loma Linda University validates the existence of positive psychological responses to humor and laughter. About five years ago, Patty prepared the "Jest for the Health of It" workshop and has been spreading joy ever since.

Patty believes that humor is important because it balances the positive and negative sides of life. Laughter serves as a release for tension and anger. Last but certainly not least, humor is a means of stress management. In these days of high acuity and short staffing, mirthful laughter actually decreases blood pressure and encourages a sense of well being.

Humor is important. However, Patty stresses "timing is everything." It is vital to establish oneself as a competent, caring professional so that humor is not seen as a cover for ineptness.

When peers and patients accept a nurse's abilities, it is time to have fun and add humor. One cardinal rule is that sexual, ethnic, and religious humor are totally unacceptable professionally.



*Patty Wooten, R.N. as 'Nancy Nurse'*

In conclusion, Patty adds two suggestions. First, don't laugh at the patient, laugh with him. Second, gallows humor is a release for caretakers and should not be used where patients or families can hear.

Patty Wooten continues her crusade to remind us not to take ourselves too seriously, and, in the process, she and her audience have a wonderful time.

*Nancy M. Root, R.N.  
5C, LVHC site*



# Laughing Matters

## I almost died laughing!

### They tickled me to death!

Hardly the true picture of humor. Although humor in the form of sarcasm, mockery, ethnic jokes and sexual overtones can produce some negative effects, humor will not kill you!

Humor for the nursing manager is a priceless commodity. People generally like to laugh because it makes them feel good. So, how can the manager benefit from the use of humor?

Humor can reduce stress and burnout. Humor can be a powerful anecdote to stress - create a grin and share it mentally. Humor promotes flexible thinking, fosters creativity, and helps solve problems. Humor helps people to step back and get a new perspective on things. As a result, new approaches to management are developed and tested in an environment where people are willing to take risks. It's fun and stimulating to do new things when there is togetherness.

Victor Borge says that laughter is the shortest distance between two people.

The bottom line in health care is that nurses are taking care of patients. Humor builds positive relationships and reduces negative experiences such as pain. Humor can change a negative situation into a positive one. Humor improves motivation and promotes learning. And, yes, humor can be learned!

Generally, as managers feel more comfortable in their role (have more self confidence) and become more open to humor, they are better able to use humor appropriately.

### The following are a few tips on laughing matters (and it does!).

- Put humor into the physical environment. A humorous poster on the wall, or a book of jokes placed strategically on a desk are good for starters.

- Inject humor into meetings. Bob Hope is well known for telling his "on the way to the theater" jokes that set the tone for a joyous evening of laughter. This approach to a meeting is particularly helpful if the agenda is difficult, and the speaker is nervous. And for those who always see the lighter side, give them commendations!

- Anticipate humor for particularly threatening situations. Have a few one liners ready to break the tension. The joke book on the desk should become one of the most used books.

- Develop your comic vision. Keep a smile on your face and pretend you are behind the "candid camera."

My favorite definition of leadership is one who walks on water and prays while doing so.

Remember the times you have laughed so heartily your stomach hurt and try to recreate those feelings. Soon you will naturally see the humor in everything, knowing that some things are to be taken seriously.

And finally, laugh at yourself. One of the characteristics of Maslow's self-actualized person is that they have become sufficiently centered, confident and loving that they would rather poke fun at themselves than anyone else. Take yourself lightly!

As humor is studied and practiced, attitudes and feelings will change. Humor can maintain management sanity.

*Karen Moore Schaefer, R.N.  
Nurse Researcher  
TAH—LVHC and  
Allentown College*

The car broke down on the way to work. While walking the last few miles, a bus whooshes by to offer a "mud shower." Upon arrival at the unit, you don a pair of greens, skip your morning coffee and report to bedside - ready for action. There lies the patient grinning from ear to ear, dobhoff feeding tube in hand, who says, "Let's go to Macungie." Amid the chuckles, a colleague turns and asks, "Are you having fun yet?"

Well, are you?

The world of nursing is filled with similar true situations of which any one of us could write a novel. Without laughter, we would be less able to survive critical illness, confused souls, DRGs, the merger, management hassles and advanced technology.

The notion that our profession is without humor has made our eyes turn to slits, our faces turn red, and our general demeanor turn sour. Humor is one nursing resource which can never be taken away, even though it is not utilized as much as it should be. It is an innate mechanism for coping with all the incongruities of the illness state. Nurses tend to forget that in order to make our patients whole, we must first maintain our own wholeness.

Making light of our stressful state is easier said than done. I recall a nurse visibly frustrated with a physician who was reluctant to replace a patient's low potassium. The physician ordered 10 meq KCL to a liter bag of intravenous fluid to keep the vein open. To release tension, the nurse attached a medium-sized banana to the IV bag and marked it "10 meq KCL." Turning around, the nurse's eyes met with the displeased eyes of the supervisor. In explanation, she pointed to the bag and said, "Here's Mr. Jones' extra K+."

Clearly, the situation illustrates the use of humor as a release of the "pressure valve" in this nurse's day. Nurses can take their work seriously while taking themselves lightly. The humorous release can dissipate frustration which restores our perspective. In the working environment, humor facilitates cohesion among staff, more productive work relationships, less call-ins, and decreased effects of burnout. Con-



# Work Seriously, Yourself Lightly

sider humor as the only strategy of the present nursing shortage that is cost effective.

As with any intervention, there is one contraindication of humor in the workplace — the inappropriate situation. Leiber relates three criterion for determining appropriateness of humor - timing, receptiveness, and content.

Proper timing of humor intervention is a critical factor. Common sense dictates that humor is not appropriate during a crisis or code-blue situation. During crisis, nurses must channel their energy to deal with immediate intervention strategies. Humor does play a role after the crisis as a tension release to place the crisis in proper perspective.

Receptiveness refers to familiarity; don't use humor with people you do not know. One must develop a working rapport of mutual respect with a colleague in order for clowning not to be misinterpreted. If a person is not receptive, the use of humor can damage self-esteem or hinder the working relationship. A general rule is to laugh with the colleague, not at him.

Content of the humor intervention is also a crucial determinant. At times, content can be termed "gallows humor." This form of relief must be kept away from the bedside and the patient/family due to its "black" nature. Sexual and ethnic jokes also fall in this category. The general rule dictates that

one should never laugh at another's expense.

Now that we are cognizant of the appropriate use of humor in nursing, nothing should stop us from using it to strengthen practice. We possess the ability to use humor in a positive way to strengthen working relationships and create a pleasant working environment.

Nurses must make an individual and group commitment to renew their zest for life in order to positively influence nursing practice. If we are not having fun with our practice, what are we waiting for?

*Marina Flecksteiner, R.N.  
NEPE&R*

## HUMAEROBICS

Active exercises deal primarily with the effector level of the brain. On the effector level, the brain relates certain kinds of physical and visualized experience to feeling good. That is, by simply acting out the physical process of feeling good, laughing and imagining, we can stimulate a humor response. Therefore, by direct use of the effector level exercises, we can strengthen our storehouse of humor experiences. To this end, some of techniques of Zygomaticus Progression are listed below.



*Zygomaticus: slight raise of the lips from the corner of the mouth, known as the "insincere smile."*



*Platysma: tightening the lower face and neck, exposing the lower teeth, (i.e. Mary Lou Retton)*



*Belly Laugh: high-pitched "ba-ba," using the diaphragm*



# Grimace 'Saves' Patient (from page one)

Humor equals jokes, right? Wrong! Jokes are only a small part of the humor experience.

Dr. Joel Goodman, director of the humor project in Saratoga Springs, N.Y., uses a play on words to describe it—Humor means “YOU” “MORE.” Humor is something that makes “YOU” feel “MORE” self confident, more relaxed, more a part of a group.

C.W. Metcalf, a humor consultant from Fort Collins, Colo., defines humor as a set of skills that can be developed. It is a sense of perspective - “a removal of oneself from the center of the universe resulting in taking oneself lightly while taking one’s work in life seriously.” He goes on to say that it “is the ability to access joy in adversity.”

Raymond A. Moody, Jr., author of the book *Laugh after Laugh: The Healing Power of Humor*, points out that humor is a general sense of well being related to accepting the imperfections and frailties in ourselves and in those around us as well. Such a person, he adds, “has the ability to perceive life comically without losing any love or respect for himself or for humanity in general.”

Used appropriately, humor is an excellent coping mechanism. It is a fact that the onset of mental illness and depression comes with the loss of the ability to find humor and joy in the things around you. By joking about something we fear, we can begin to gain some control over those fears and then begin to deal with them. Dr. Moody explains that “being able to laugh at the frustrations and painful things in life means we are on our way to overcoming them.”

In my story, as Bill began to access his humor, he was becoming physically well. Be sensitive to this and encourage the appropriate use of humor in your patients’ care.

How often have you used humor to ease an embarrassing moment? It helps the patient and the nurse gain some control, thereby power, over an uncontrollable situation.

“So much pain is emotional,” observes Alan D. Russakov, M.D., medical director of Lourdes Regional Rehabilitation Center in Camden, N.J. “If you wallow in self-pity, the pain gets worse, but through joy and laughter you can ease the anxiety and depression that are so often associated with chronic pain and thereby eliminate the suffering.”

Find out what the patient enjoys, what gives him joy and find some way to bring it to him. Perhaps he would enjoy some music, would respond to relaxation tapes, would love to have a visit from a very special pet. The possibilities are endless!

I’d like to emphasize the immense role that humor can play in recovery from illness. That sense of joy in being alive that I mentioned earlier is linked very closely with the will to live. This can be enhanced by loving humor, joy and hope. These positive emotions move the body in the direction of good health; whereas, the negative emotions of fear, anger and hate emphasize ill health.

More and more research is being done which shows how positive emotions enhance the immune system and negative emotions repress and can even shut it down.

Humor skills for me have become much more than a novelty, but rather a necessity. What good can I do for my patients if I’m miserable, unhappy and burned out? What good can I do for my patients and co-workers if I don’t show up for work because I need a “mental health day” and can’t stand the stress anymore?

We need to cultivate the attitude of the “Inverse Paranoid,” as Dr. Goodman points out. To this type of person, “the world is out to do him good!”

Don’t deny yourself or your patients the right to feel good. Exercise your right to a sense of joy, a sense of humor. Just remember, as Metcalf says, professional is not the opposite of joyful!

Andrea Parry, R.N.  
GICU-E, LVHC site



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# Life At TAH—LVHC Anecdotes

Nancy Stevens, patient representative, has an uncanny ability to see the light side of a patient's personal problem.

She remembers two elderly women who shared a room during their hospitalization. Sometimes elderly women tend to be very possessive of their belongings and feel there's nothing better. One such lady mistakenly claimed the other lady's dentures. As hard as she tried, Nancy was unable to convince the patient that the dentures she was wearing were not her own.

Fortunately, the story had a happy ending — one patient got a new pair of "used" dentures and the other got a new pair of "new" dentures.

★★★

A patient, who was admitted for a cholecystectomy, had strong feelings about being disturbed throughout the night when the nurses conscientiously made rounds to check on her. To rectify the "problem," she simply moved her bed up to barricade the door and had a restful night's sleep.

★★★

Almost everyone is superstitious to some degree. Some people mask this trait while others have very strong convictions. A patient who was admitted the day before scheduled surgery was assigned to room 13 on one of the patient care units. Since she was quite apprehensive about her surgery and quite superstitious as well, she refused to have surgery until her room assignment was changed.

★★★

As the monitor rang out, I identified the rhythm to be ventricular flutter. Fortunately, one of the physicians on duty was in the unit. Together we ran into the room and noticed the patient lying in bed, appearing not to be breathing. Not being able to quickly find a pulse, the physician ordered the patient to be defibrillated. A 360-joule current entered his body. Suddenly his eyes opened and from his mouth poured the words, "Please don't do that again, the first one really hurt."



*The smiles on the faces of Brian Stabl, R.N., and Donna Kunsman, R.N., both assigned to 5A, indicate their ability to use humor to reduce the daily stress of nursing duties.*

★★★

Probably, as former nursing students, we can remember some embarrassing situations. Perhaps, though, none more embarrassing than trying to get vital signs on a patient who had expired one-half hour prior.

★★★

While signing a voluntary admission form which allows 72 hours of treatment, a psychiatry patient exclaimed, "I'm sorry, I can't volunteer to work on this for 72 hours."

★★★

Most visitor restricted areas have lots of fun stories about visitors who are determined to become immediate family and visit their friends in the hospital. Some unique monologues are: "I'm the neighbor, and I walk the dog every day," and "We work together at the scrap yard and are like brothers."

★★★

An elderly gentleman and child came to visit "mom" in the critical care unit. They walked over to the bed, and the

nurses greeted them and offered a step stool for the child to stand on. The ventilated patient, unable to speak, tried to tell them something. The nurse couldn't quite understand. "Do you need the bedpan?" "Are you in pain?" No. The man quietly held her hand to comfort her. The 20-minute visit over, he turned and asked why his wife was on that machine today. Together they realized he had visited the wrong patient.

★★★

A patient who had become quite proficient at using his Yankeur suction device to clear his oral airway was served his first meal in one month. Sitting in the chair, trusty Yankeur in hand, here came the beef broth, tea, and orange Jello. Yummy! In disbelief, he watched the beef broth disappear as he stirred it - with the Yankeur!

*Virginia Kovalovich, R.N.  
OR, LVHC site*

*Jack Schwab, R.N.  
TCU, TAH site*



## HUMOR - A State Of Mind

In the more traditional sense, humor is thought of in the context of something that is comical or funny. Webster also defines humor as adapting oneself to a "mood or state of mind." The September 1989 opening of the Transitional Open Heart Unit (TOHU) involved outstanding efforts of personnel. The preparation of the nursing staff was the responsibility of Deb Swavely, R.N., and the Nursing Education, Patient Education and Research (NEPE&R) staff. Swavely worked closely with Molly Sebastian, R.N., TOHU head nurse, and Lois Zellner, R.N., TOHU associate head nurse, to plan and coordinate the education of the unit's staff nurses. Some of the nursing staff assigned to the TOHU formerly worked on 4C, a medical-surgical unit. The TOHU has 10 monitored beds and accepts patients with ventilators, hemodynamic monitoring and vasoactive drugs. Therefore, the nursing staff transferring from 4C to the TOHU needed critical care nursing skills.

To accommodate the staff, NEPE&R provided three additional "Special Cardiovascular Nursing" courses in May, June and November 1989 and 24-hour-a-day coverage over opening week. The increased workload created a strong spirit of camaraderie in the department. When they realized an extra critical care course needed to be offered, they readily switched schedules to cover other educational activities offered at the same time.

Infusing this kind of an attitude of humor is a necessary component in our busy professional lives. It was the adoption of this trait which allowed the NEPE&R staff to accomplish their extraordinary activities in opening the TOHU.

*Kim Hitchings, R.N.  
Director of Operations, NEPE&R*

*Janice Stabler, R.N.  
Administrator, NEPE&R*



*"Why can't there be a paper shortage instead of a nurse shortage?"*

Cartoon drawn by Fran Lamm

## Voicing Our Best

### PROMOTIONS

#### CLAS ADVANCEMENTS (12/89)

##### Senior Staff Nurse

Catherine Bachert (Dialysis)  
Joanne Bartelmo (STU)  
Debra Belles (ACCU)  
Mary Conaway (GICU-E)  
Kathy Dixon (NICU)  
Lisa Mikitka (GICU-W)  
Cheri Raub (NICU)  
Janette Tough (OTU)  
Mary Sue Urban (Dialysis)  
Dawn Wainwright (GICU-W)  
Julie Ann Wehr (6A)

##### Nurse Clinician

Margaret Davis (SPU)  
Sheri Frederick-Deeb (ACCU)  
Carol Fox (CNS)

### CNN CERTIFICATION

Catherine Bachert  
Valerie Doncsecz  
Doris Fisher  
Anne Schlear  
Mary Sue Urban  
Nanette Wasmer

### MISCELLANEOUS

Dan Griffin, NTA on 5C and a senior student at Alvernia College, is serving as the Breakthrough to Nursing director for the Student Nurses Association of Pennsylvania.

★ ★ ★

Graduates of Sacred Heart Hospital interested in joining the Alumni Association should contact Mary Mulligan, R.N. at 776-4500.





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